Form 1040	•	rtment of the Treasury — Internal Reve 5. Individual Income		(99) : urn	2015	OMB No. 1545-007	4 IRS Use Onl	y — Do n	not write or sta	ple in this space.			
For the year Jan. 1 - De	c. 31, 20	115, or other tax year beginning	, 2015, er	nding		, 20		ee se	parate insti	uctions.			
Your first name and initia	al		Last	Last name					Your social security number				
ELISE M STE	FANT	K					(A) (A)	0.2					
If a joint return, spouse's			Last	пате			Spous	e's socia	l security nun	ıber			
Home address (number a	and stre	et). If you have a P.O. box, see instruct	ions.			Apt. no.		Make	sure the S	SN(s) above			
PO BOX 17							🖷			are correct.			
	state, a	nd ZIP code. If you have a foreign addr	ess, also complete	e spaces	below (see instr	ructions).	Pre	sidenti	al Election	Campaign			
WILLSBORO,	NY 1	2996					Check	here if w	าม กรุงกมรรเล	use if filina			
Foreign country name		200	Foreign pro	ovince/sta	te/county	Foreign postal co	de jointly,	want \$3 refow will	to go to this fi I not change ye	ind. Checking our tax or			
							refund		/ou	Spouse			
	1	X Single			4	Head of house	old (with qu	alifying	person).	(See			
Filing Status	2	Married filing jointly (even if on	lu ona had incom	۵)	-	」instructions.)If	the qualifyir	na pers	on is a chi	ld			
	3	Married filing separately. Enter	•	•	1	but not your de name here .	pendent, en	ter uns	CHILLS				
Check only	э	name here	shouse a sou un	OVE EX JUI	່ ₅ Γ	Qualifying wido	w/or\ with d	ananda	ent child	·			
one box.		[add							Boxes check				
Exemptions	6a	Yourself. If someone car	=	-					on 6a and 6b	.,,			
	b	Spouse						<u> </u>	No, of childr on 6c who:	en			
•	С	Dependents:	-	SOCI	ependent's al security	relationshi	n I child	l√if Lu <u>nd</u> er	• lived				
				n	umber	to you	quali	je 17 ying for tax credit	with you				
		(1) First name	Last name		<u>. </u>		(see i	nstructions)		e			
14 14 6									or separation (see instructions	l			
If more than four dependents, see			t-					_	Dependents	7			
instructions and _	¬								on 6c not entered abov				
check here ►	J								Add numbers on lines	·			
	····	Total number of exemptions							above	<u>* 1</u>			
Income		Wages, salaries, tips, etc. At						7]	149,736.			
moonic		Taxable interest. Attach Sche	•				• • • • • • • • • • • • • • • • • • • •	8a	·				
	a - 0	Tax-exempt interest. Do not in Ordinary dividends. Attach Se	nciuae on line	e 8a		80		9a					
Attach Form(s) W-2 here, Also		Qualified dividends						5000					
attach Forms		Taxable refunds, credits, or c						110					
W-2G and 1099-R if tax was withheld.		Alimony received						11					
II tax was withineit.		Business income or (loss), A						12					
If you did not		Capital gain or (loss). Attach Schedul	*					13					
get a W-2, see instructions.		Other gains or (losses). Attac					 	14					
	15 a	IRA distributions	15a		b т	axable amount		15b	·				
		Pensions and annuities				axable amount,.		16b					
•	17	Rental real estate, royalties,	partnerships,	S corp	orations, tru	usts, etc. Attach S	Schedule E.	17					
		Farm income or (loss). Attacl						18					
		Unemployment compensation						19					
		Social security benefits				axable amount		20b 21					
		Other income. List type and amount _ Combine the amounts in the far right				ur total income		22	1	49,736.			
						23				.47,730.			
Adjusted	24	Educator expenses Certain business expenses of reservis	ts, performing ar	tists, and	l fee-basis	1		-					
Gross		government officials. Attach Form 21()6 or 2106-EZ			24							
Income		Health savings account deduc				25							
		Moving expenses. Attach For				26							
		Deductible part of self-employment ta				27							
		Self-employed SEP, SIMPLE,				28							
		Self-employed health insuran Penalty on early withdrawal o				30	*						
		Alimony paid b Recipient's SSN				31 a							
		IRA deduction		•		32							
		Student loan interest deduction				33		22000					
•		Tuition and fees. Attach Form				34		100					
		Domestic production activities deduct				35							
	36	Add lines 23 through 35.		<i>.</i>				36		<u> </u>			
	~=	0 11 12 007 2 00	Selete to the				_	1 22	- 1	40 700			

Form 1040 (2015	5) ELISE M STEFANIK	***-**-**	Page 2
	38 Amount from line 37 (adjusted gross income)	38	49,736.
Tax and Credits	39a Check You were born before January 2, 1951, Blind. Total boxes checked ► 39a Spouse was born before January 2, 1951, Blind.		
Standard	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b	90,254%	
Deduction for	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,946. 37,790.
}	41 Subtract line 40 from line 38.		
 People who check any box 	42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instrs 43 Taxable income. Subtract line 42 from line 41.	42	4,000.
lon line 39a or	If fine 42 is more than line 41, enter -0-	43 1	33,790.
39b or who can be claimed as a	44 Tax (see instructions). Check if any from: a Form(s) 8814 c	_	
dependent, see	b Form 49/2	44	30,532.
instructions.	45 Alternative minimum tax (see instructions). Attach Form 6251	45	0.
• All others:	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
Single or Married filing	47 Add lines 44, 45, and 46	47	30,532.
separately.	48 Foreign tax credit. Attach Form 1116 if required	- 1	
\$6,300	49 Credit for child and dependent care expenses. Attach Form 2441	-	
Married filing jointly or		-	
Qualifying	51 Retirement savings contributions credit. Attach Form 8880	17/2014	
widow(er), \$12,600	53 Residential energy credits. Attach Form 5695		
Head of	, , ,		-
household,		XAEA	-
\$9,250	55 Add lines 48 through 54. These are your total credits.	55	20 520
0.11	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0		30,532.
Other	57 Self-employment tax. Attach Schedule SE. 58 Unreported social security and Medicare tax from Form: a 4137 b 8919.	57 58	
Taxes		59	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60 a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61 Health care: individual responsibility (see instructions) Full-year coverage X	61	,
	62 Taxes from: a Form 8959 b Form 8960 c Instrs; enter code(s)	62	
	63 Add lines 56 through 62. This is your total tax.	-	30,532.
Payments	64 Federal income tax withheld from Forms W-2 and 1099 64 33, 958.		
If you have a	65 2015 estimated tax payments and amount applied from 2014 return		
qualifying	66a Earned income credit (EIC)		
child, attach Schedule ElC,	b Nontaxable combat pay election ▶ 66 b	1347850	
0 0.1.00 (10)	67 Additional child tax credit. Attach Schedule 8812		
	68 American opportunity credit from Form 8863, line 8 68	1521	
	69 Net premium tax credit. Attach Form 8962		
	70 Amount paid with request for extension to file		
	71 Excess social security and tier 1 RRTA tax withheld 71		
	72 Credit for federal tax on fuels, Attach Form 4136	-	
			22 050
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments		33,958.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75 76a	3,426. 3,426.
	▶ b Routing number	70a	3,420.
Direct deposit?	► d Account number	8.6	
See instructions.	77 Amount of line 75 you want applied to your 2016 estimated tax		
Amount	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions.	78	
You Owe	79 Estimated tax penalty (see instructions)	on to an income after	C10 (\$8) (\$100)
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)?	plete below.	No
Designee	Designee's Phone Phone	ersonal identification	
Claus.		number (PIN)	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre	st of my knowledge and parer has any knowledge	,
Joint return?	Your signature Date Your occupation	Daytime phone numb	er
See instructions.	US HOUSE OF REPRE	S	
Keep a copy	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the IRS sent you an Iden PIN, enter it	tity Protection
for your records.	Print/Tune preparate name	here (see inst.)	
Paid	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Preparer	Firm's name TEAL, BECKER, & CHIARAMONTE, CPAS, P.C.	en En	
Use Only		M >	<u> </u>
EDIA01101 10/2075			
FD[A0112L 12/30/15	Phone no). <u> </u>	الشانان

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service **Itemized Deductions**

► Attach to Form 1040.

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

OMB No. 1545-0074

Attachment Sequence No. 07

Your social security number ELISE M STEFANIK Caution: Do not include expenses reimbursed or paid by others. Medical Medical and dental expenses (see instructions)..... and 1 Dental 2 Enter amount from Form 1040, line 38. 2 **Expenses** Multiply line 2 by 10% (.10). But if either you or your spouse was born before 3 January 2, 1951, multiply line 2 by 7.5% (.075) instead Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-0. Taxes You State and local (check only one box): Paid X Income taxes, or 5 9,726. General sales taxes 6 Real estate taxes (see instructions) . . 2,220 7 Other taxes. List type and amount > 8 Add lines 5 through 8.... 9 11,946. Interest Home mtg interest and points reported to you on Form 1098. . . . 10 You Paid Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address -Note. Your mortgage deduction may be limited (see 11 instructions). Points not reported to you on Form 1098. See instrs for spcl rules 13 Mortgage insurance premiums (see instructions)..... Investment interest. Attach Form 4952 if required. Add lines 10 through 14..... 15 0. Gifts by cash or check. If you made any gift of \$250 or Gifts to Charity 16 more, see instrs Other than by cash or check. If any gift of \$250 or If you made a more, see instructions. You must attach Form 8283 if gift and got a benefit for it, 17 see instructions. Carryover from prior year..... Add lines 16 through 18..... 19 0. Casualty and Theft Losses 0. Casualty or theft loss(es). Attach Form 4684. (See instructions.) Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if Job Expenses and Certain Miscellaneous required. (See instructions.) > Deductions 21 22 Tax preparation fees 22 Other expenses - investment, safe deposit box, etc. List type and amount -INVESTMENT EXP. FROM K-1 23 1,381 24 1,381 Enter amount from Form 1040, line 38. 25 Multiply line 25 by 2% (.02)..... 26 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-..... 0. Other Other - from list in instructions. List type and amount ▶ Miscellaneous Deductions 28 0. Is Form 1040, line 38, over \$154,950? Total Itemized No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. Deductions 11,946 Yes. Your deduction may be limited. See the Itemized Deductions Worksheet In the instructions to figure the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, check here.....

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions. 27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered 'Yes,' see instructions before completing this section. Yes X No (b) Enter P for partnership; S (c) Check if (d) Employer identification any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.		(s) shown on return. Do not enter name and social security nul	mber if shown on Page 1.				security nun	iber	•
Part III Income or Loss From Partnerships and S Corporations Note of the partnership Not						200		: '	
Note: If you report a loss from an strick activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach from 658.8 see instructions. 27 Are you reporting any loss not allowed in a prior year due to the all-risk, excess from loss, or besid limitations, a prior year runallowed loss from a passive activity (if the loss was not reported on From 8582), or unreimbursed partnership expenses? If you answered Yes, see instructions before completing this section. 28 (a) Name (b) Errel Por or portion (c) Check if protein forcign partnership forcign partnership. S organization of forcign partnership. S organization of the protein partnership partnership and some partnership and S organization income or (loss). Combine lines 30 and 31. Enter the result here and a partnership and S organization income or (loss). Combine lines 30 and 31. Enter the result here and loss. (c) Passive income and Loss (d) Passive income and Loss (e) Passive income and Loss (f) Passive income or (loss). Combine lines 35 and 36. Enter the result here and include in the total or line 41 below. 28 (a) Name (d) Errel Passive income and Loss (e) Combine columns (e) and (e) of line 34s. 35 Add columns (e) and (e) of line 34s. 36 Add columns (e) and (e) of line 34s. 37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and inclu						lule(s) K-1.	·		
27 Ave you reporting any less and allowed in a prior year due to the al-tisk, excess farm loss, or bask limitalians. 28 (a) Name Operation Opera	Pai	Note: If you report a loss from an at-ris	sk activity for which any	'atic / am	o ns ount is <mark>not</mark> at risk	, you must cl	neck the b	ox in colur	nn (e) on line
Color Colo	27	Are you reporting any loss not allowed in a proprior year unallowed loss from a passive active	rior year due to the at-r vity (if that loss was not	rep	orted on Form 858	32), or unreim	bursed	Пүе	es XNo
A EMS DC PROPERTIES B C C D Passive Income and Loss Passive Income and Loss (0) Passive loss allowed (attach Form 8582 if required) D Totals A A B B Totals Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below. Passive Income or Loss From Real Estate Morgage Investment Conduits (REMICs) — Residue K-1 A B B Passive Income or Loss From Real Estate Morgage Investment Conduits (REMICs) — Residue K-1 A B B A Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below. A B B A Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below. B A Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below. B A Carbonine Columns (t) and (t) of line 34a B A Carbonine Columns (t) and (t) only. Enter the result here and include in the total on line 41 below. B A Carbonine Columns (t) and (c) only. Enter the result here and include in the total on line 41 below. A Carbonine Columns (t) and (c) only. Enter the result here and include in the total on line 41 below. A Carbonine Columns (t) and (c) only. Enter the result here and include in the total on line 41 below. A Carbonine Columns (t) and (c) only. Enter the result here and include in line 41 below. A Carbonine Columns (t) and (c) only. Enter the result here and include in line 41 below. A Carbonine Columns (t) and (c) only. Enter the result here and include in line 41 below. A Carbonine Columns (t) and (c) only. Enter the result here and include in line 41 below. A Carbonine Columns (t) and (c) only. Enter the result here and include in line 41 below. A Carbonine Columns (t) and (c) only. Enter the result here and include in line at line on Form 1040NR, line 1 or Form 1040NR	28		ace mandenons peroje		(b) Enter P for partnership; S for S	(c) Check if foreign	(d) En identi	nployer fication	(e) Check if any amount is not at risk
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Passive Income and Loss									
(f) Passive loss allowed (attach Form 8582 if required) (g) Passive income from Schedule K-1 (g) Passive income or Ioss From Estates and Trusts 30 Add columns (g) and (g) of line 29a. 31 Add columns (g), (h), and (g) of line 29a. 32 Total partnership and S corporation income or (loss), Combine lines 30 and 31. Enter the result here and include in the total on line 41 below. Part III Income or Loss From Estates and Trusts (a) Name Passive Income and Loss (b) Employer ID no. (c) Passive deduction or loss allowed (attach Form 8582 if required) Part III Income or Loss From Estates and Trusts (b) Employer ID no. (c) Passive deduction or loss allowed (attach Form 8582 if required) (d) Passive income from Schedule K-1 (g) Part IV (g) Passive income from Schedule K-1 (g) Part IV	D	Passive Income and Loss		r. I		onnaccive Inc	ome and	Loss	
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B C C C C C C C C C C C C C C C C C C C		(attach Form 8582 if required)	from Schedule K-1	fre	om Schedule K-1	expense of from For	n 4562	Sch	ome from edule K-1
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D 29 a Totals. b Totals. b Totals. 30 Add columns (g), (h), and (i) of line 29a. 31 Add columns (g), (h), and (i) of line 29a. 32 Total partnership and 5 corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below. Part III Income or Loss From Estates and Trusts 33								ļ	
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30 Add columns (g) and (j) of line 29b. 31 31 Add columns (f), (ft), and (j) of line 29b. 31 32 Total partnership and S2 corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below. 32 Part III Income or Loss From Estates and Trusts 33 (a) Name (b) Employer ID no. A B Passive Income and Loss Passive Income and Loss (c) Passive deduction or loss allowed (attach Form 8582 if required) A B Combine columns (d) and (f) of line 34a. 35 36 Add columns (c) and (e) of line 34b. 36 37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below. 37 Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) — Residual Holder (e) Part V: Summary 40 Net farm rental income or (loss), from Form 4835. Also, complete line 42 below. 40 41 Total income or (loss), Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 42 Reconciliation of Insign and fishing in come reported on Form 1040, line 17, or Form 1040NR, line 18 48 Reconciliation of Faming and fishing in come reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code F; Schedule K-1 (Form 1067), box 14, code F; Schedule K-1 (Form 1047), box 14, code F;			900000000000000000000000000000000000000	ritile ⁰ 10	9(545); 14.4 km 45.40 (54-6 m); -0.54 (5		al punje sederji prografikače vytili (2)	12 12 12 12 12 12 12 12 12 12 12 12 12 1	
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include in the total on line 41 below. Part III Income or Loss From Estates and Trusts (a) Name (b) Employer ID no.	31	** **							
A Passive Income and Loss Nonpassive Income and Loss		include in the total on line 41 below	<u></u>	30	and 31, Enter the	result here a	nd 32	<u> </u>	
Passive Income and Loss (c) Passive deduction or loss allowed (altach Form 8582 if required) (altach Form 8582 if required) (d) Passive income from Schedule K-1 (e) Deduction or loss from Schedule K-1 (f) Other income or Ioss Add columns (d) and (f) of line 34a. 35 Add columns (c) and (e) of line 34b. 36 Add columns (c) and (e) of line 34b. 37 Total estate and trust income or (loss), Combine lines 35 and 36. Enter the result here and include in the total on line 41 below. 37 Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) — Residual Holder (a) Name (b) Employer identification number in include in the total on line 41 below. 38 (a) Name (b) Employer identification number in include in the total on line 41 below. 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 40 Total income or (loss), Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18. 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1065), box 14, code B; Schedule		t III Income or Loss From Estates a						(h) Emr	olover ID no
Passive Income and Loss (c) Passive deduction or loss allowed (d) Passive income from Schedule K-1 A B B 34 a Totals. b Totals. 5 Add columns (d) and (f) of line 34a. 35 Add columns (c) and (e) of line 34b. 36 Add columns (c) and (e) of line 34b. 37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below. 38 (a) Name (b) Employer identification number (c) Excess inclusion from Schedules Q, line 1b 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 39 Combine columns (d) and (e) only. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below. 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835. In Part you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities			(a) Name					(10) [(11)	oloyer to no.
Passive Income and Loss CoPassive Income and Loss CoPassive Income (attach Form 8582 if required) CoPassive income (attach Form 8582 if re	-								
(attach Form 8582 if required) Tom Schedule K-1 From Schedule		Passive Income	and Loss			Nor	passive li	ncome and	Loss
B 34 a Totals. b Totals. 35 Add columns (d) and (f) of line 34a. 36 Add columns (c) and (e) of line 34b. 37 Total estate and trust income or (loss), Combine lines 35 and 36. Enter the result here and include in the total on line 41 below. 38 (a) Name (a) Name (b) Employer identification number identific		(c) Passive deduction or loss allo (attach Form 8582 if required)	wed)			(e) Deduct	ion or loss edule K-1	(f) Oth	ner income chedule K-1
34 a Totals. b Totals. 55 Add columns (d) and (f) of line 34a. 36 Add columns (c) and (e) of line 34b. 37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below. 38 (a) Name (b) Ermployer identification number (c) Excess inclusion from Schedules Q, line 26 (see instructions) (see instructions) 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 39 Part V Summary 40 Net farm rental income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1055), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 104D), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 104D), box 14, code F (see instructions), enter the net income or (loss) and reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities	Α							<u> </u>	
b Totals						Explaination (Sec.)	50000 VOCTOS SEE VOC	>	
Add columns (d) and (f) of line 34a				199189		Agrange of a second		Saugio Gerelate	ERRASAGOS (1816-1911)
36 Add columns (c) and (e) of line 34b				200000	n kota san Propinsi propinsi sa sa ta	역[35	(364/CAA2045)466	
Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below									
Part IV: Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) — Residual Holder (b) Employer identification number (C) Excess inclusion from Schedules Q, line 2c (see instructions) (d) and (e) only. Enter the result here and include in the total on line 41 below	37	Total estate and trust income or (loss). Comb	ine lines 35 and 36. En	ter tl	he .				
(b) Employer identification number (c) Excess inclusion from Schedules Q, line 2c (see instructions) (d) Taxable income (net loss) from Schedules Q, line 3b (see instructions) (see instructions) (see instructions) (see instructions) (see instructions) (d) Taxable income (net loss) from Schedules Q, line 3b (see instructions) (see inst		result here and include in the total on line 41	below					al Holdo	
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. 39 Part V Summary 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below. 40 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18. 41 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions). 42 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities	Par								
Part V Summary 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below. 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18. 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions). 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities	38 	(a) Name		``\$i	chedules Q, Jine 2c (see instructions)	(net loss Schedules	s) from Q, l ine 1b	Schedul	les Q, line 3b
40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below. 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18. 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions). 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities	39	Combine columns (d) and (e) only. Enter the	result here and include	in th	e total on line 41	below	39		,
Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18. 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions). 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities	Par	t V Summary						<u> </u>	
Form 1040, line 17, or Form 1040NR, line 18	40	Net farm rental income or (loss) from Form 48	335. Also, complete line	42	below		40		
box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)		Form 1040, line 17, or Form 1040NR, line 18.					► 41		
anywhere on Form 1040 or Form 1040NR from all rental real estate activities		(Form 1041), box 14, code F (see instructions)	box 17, code V; and Sc)	neat	42				
	43	anywhere on Form 1040 or Form 1040NR from	i all rental real estate a	ctivit	ues				

Form 4952

Investment Interest Expense Deduction

OMB No. 1545-0191

2015

Attachment Sequence No. 51

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Identifying number

ELISE M STEFANIK		
Part I Total Investment Interest Expense		
Investment interest expense paid or accrued in 2015 (see instructions)	. 1	7,305.
2 Disallowed investment interest expense from 2014 Form 4952, line 7	. 2	13,349.
3 Total investment interest expense. Add lines 1 and 2	. 3	20,654.
Part II Net Investment Income		
4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)		
b Qualified dividends included on line 4a	25000 25053	
c Subtract line 4b from line 4a	4 c	
d Net gain from the disposition of property held for investment		
e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)		
f Subtract line 4e from line 4d	4 f	
g Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4 g	
h Investment income. Add lines 4c, 4f, and 4g	4 h	0.
5 Investment expenses (see instructions)	5	2,220.
6 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0	6	0.
Part III Investment Interest Expense Deduction		
7 Disallowed investment interest expense to be carried forward to 2016. Subtract line 6 from line 3. If zero or less, enter -0-	7	20,654.
8 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	0.
PAA For Pananuark Paduction Act Notice see congrets instructions		Form 4952 (2015)

Department of Taxation and Finance

Resident Income Tax Return New York State • New York City • Yonkers • MCTMT

	y your rec	urn	, see the instruction	ns, Form I	Г-201-І.			nd ending	
Your first name			Your last name (for a join			on line below)	Your date of birth (mmddyyyy)	Your social secur	ity number
ELISE	1	4	STEFANIK				07021984		
Spouse's first name		ИI	Spouse's last name	- .			Spouse's date of birth (mmddyyyy)	Spouse's social s	ecurity number
		_							
Mailing address (see instr	uctions, pag	je 13) (number and street or PC	box)			Apartment number		ounty of residence
PO BOX 17 City, village, or post office			Stat	e ZIP code		Country (if no	t United States)	ESSEX School district na	ma
			N3		2996	Country (# 110	t utilied states)	WILLSBOR	
WILLSBORO Taxpayer's permanent hom	e address /se	ee ins				<u> </u>	Apartment number		
			,, ,		,			School district code number	707
City, village, or post office			Stat	e ZIP code		<u></u>	Taxpayer's date of death (mmddyy)		ate of death (mmddyyyy)
			N	<i>r</i>		Decedent information			
Can vou be clair	(ente	ried ried ried of of alifying lictionax ried depo	eturn?Yes	n er above) lying person) ependent ch	x	D2 Yonker (1) Dic (se (2) If \(\) (2) En (an F NYC re resider (1) Nu (2) Nu (2) Nu (2) Enter you	in a foreign country? (see present see page 14)	part-year resi freeze credit? 00 ain living ? (see page 14). nt in NYC in 20 is considered a r	Yes No X
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Your social se	curity number
2	

ELISE M STEFANIK

1	600
2 Taxable interest income	
3 Ordinary dividends. 4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25). 4 A Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25). 5 Alimony received. 5 Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040). 6 Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040). 7 B Other gains or losses (submit a copy of federal Schedule D, Form 1040). 8 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box. 9 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box. 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box. 11 Rental real estate, reyalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040). 12 Rental real estate included in line 11. 12 00 13 Farm income or loss (submit a copy of federal Schedule F, Form 1040). 14 Unemployment compensation. 14 Unemployment compensation. 15 Taxable amount of social security benefits (also enter on line 27). 16 Other income (see page 15) [Identify: 17 Add lines 1 through 11 and 13 through 16. 18 Total federal adjustments to income (see page 15) [Identify: 19 Federal adjustments to income (see page 16) [Identify: 10 Interest income on state and local bonds and obligations (but not those of NYS or its local governments). 20 Public employee 414ft(h) refirement contributions from your wage and tax statements (see page 16). 21 New York's 529 college savings program distributions (see page 16). 22 New York's 529 college savings program distributions (see page 16). 23 Other (Form IT-225, line 9). 24 Add lines 19 through 23. 25 Taxable refunds, credits, or official of state and local bonds income taxes (from line 4). 25 Taxable refunds, credits, or official of state and local bonds income taxes (from line 4). 26 Pensions of NYS and local governments and the federal government (see page 17).	0.0
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5 Alimony received	00
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7 Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	00
8 Other gains or losses (submit a copy of federal Form 4797)	00
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	00
Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	00
Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	00
13 Farm income or loss (submit a copy of federal Schedule F, Form 1040). 14 Unemployment compensation. 15 Taxable amount of social security benefits (also enter on line 27). 16 Other income (see page 15) Identify: 17 Add lines 1 through 11 and 13 through 16. 18 Total federal adjustments to income (see page 15) Identify: 19 Federal adjusted gross income (subtract line 18 from line 17). 19 14973 New York additions (see page 16) 20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments). 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16). 22 New York's 529 college savings program distributions (see page 16). 21 Other (Form IT-225, line 9). 22 Add lines 19 through 23. 23 Other subtractions (see page 17) 25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	00
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Taxable amount of social security benefits (also enter on line 27)	00
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18 Total federal adjustments to income (see page 15) Identify: 19 Federal adjusted gross income (subtract line 18 from line 17). 19 14973 New York additions (see page 16) 20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments). 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16). 22 New York's 529 college savings program distributions (see page 16). 23 Other (Form IT-225, line 9). 24 Add lines 19 through 23. New York subtractions (see page 17) 25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	
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New York subtractions (see page 17) 25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	00 00 00
26 Pensions of NYS and local governments and the federal government (see page 17) 26 00	
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27 Taxable amount of social security benefits (from line 15) 27	A KAN
28 Interest income on U.S. government bonds	州狱队
29 Pension and annuity income exclusion (see page 18)	170 (6)
30 New York's 529 college savings program deduction/earnings 30 00	
31 Other (Form IT-225, line 18)	
32 Add lines 25 through 31	00
33 New York adjusted gross income (subtract line 32 from line 24)	500
Standard deduction or itemized deduction (see page 20) 34 Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D)	 _
Mark an X in the appropriate box: X Standard - or - Itemized 34 790	00
35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	500
· · · · · · · · · · · · · · · · · · ·	00
37 Taxable income (subtract line 36 from line 35) 37 14183	┯



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_												
T	ax com	putation, credits,	and o	other taxes								
38	Taxal	ble income <i>(from li</i>	ine 37	on page 2)							38	14183600
39	NYS	tax on line 38 amou	ınt <i>(se</i>	ee page 21)							39	936800
40					or 3)					00	-	330000
41										00		
42					201-ATT, line 7)					00		
43					·	_	- 				43	00
	Cookin.	n at line '40 feems line	. 20 /	15 llun 20 in unn	un than time 20 Januar	h.l.						03.00.00
44					re than line 39, leave 30)						44 45	936800
45											45	00
46	Total	New York State ta	ixes (add lines 44 a	nd 45)					•••	46	9368 00
Ne	w York	k City and Yonkers	s taxe	es, credits, an	d surcharges, and l	MCTA	ΔT					
					ge 22)	47				00		See instructions on pages
48	NYC	household credit (p.	age 2	2, table 4, 5, c	r 6)	48				00		22 through 25 to compute New York City and Yonkers
49	Subtra	act line 48 from line	47 (ii	f line 48 is mo	re than							taxes, credits, and
	line	47, leave blank)				49				00		surcharges, and MCTMT.
						50				00		
		•				51				00		·
						52			<u></u>	00		
					T, line 10)	53	[00		HEIT MORE MANAGED AND A STATE LAKE FROM HE VAN HELDE SEA
54		act line 53 from line	•			[ſ					
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54a		MT net nings base	EAO		oc							
54b						54b	f			00		
					page 25)	55				00		HIII HAZAKAN ORTONAN MATALIOSAN TANTAN TANTAN DAN MATA
				• .	03)	56				00		•
57					Form IT-360.1)	57				00	٠.	
				- •	ges and MCTMT (add li		and 54b	through	57)		58	00
50	Saloe	or uso tay (see na	na 26	e do not logu	e line 59 blank)					Ī	59	0 0 0
		contributions			imo oo biqiiny				,	1	05	000
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					• • • • • • • • • • • • • • • • • • • •			60a		00		
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	60k 60l							601		00		
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60					a through 60m)			L		_	60	00
61	Total I	New York State M.	ow V	ork City Vonk	ers, and sales or u	so tax	ros MCT	MT a	nd	_		
J I				-	, 59, and 60)						61	9368 00
	¥UIL	anary continuation	iio (at	aa mii oo 40, 00	, oo, and ooj		· • • • • • • • • • • • • • • • • • • •			L	J !	9366 00

Your social security number



Name(s) as shown on page 1

Pag	e 4 of 4 IT-201 (2015)	Your social secu	rity numb	er			
~~	Enter annual from line 64	MARKET A		en distribuir de la company	ELISE M	STE	FANIK
62	Enter amount from line 61					62	9368 00
Pa	yments and refundable credits (see page 28)					<u></u>	233512
63	Empire State child credit		63		00)	•
63a	Family tax relief credit		63a		00		
64	NYS/NYC child and dependent care credit		64		0(
65	NYS earned income credit (EIC)		65		00)	BUTTO BUTTON TO THE CANONICAL TO A CONTRACT OF THE CANONICAL PROPERTY
66	NYS noncustodial parent EIC		66		00)	
67	Real property tax credit		67		00)	
68	College tuition credit		68		0.0)	
69	NYC school tax credit (also complete F on page 1		69		00	4	
70	NYC earned income credit		70		00)	SERVICE TO STATE TO STATE OF THE STATE OF TH
70a	NYC enhanced real property tax credit		70a		00)	
71	Other refundable credits (Form IT-201-ATT, line 18,)	71		00)	
72	Total New York State tax withheld		72		972600)	
73	Total New York City tax withheld		73		00	†	applicable, complete Form(s) IT-2
74	Total Yonkers tax withheld		74		0.0		d/or IT-1099-R and submit them
75	Total estimated tax payments and amount paid with		75	•	. 00	wit	th your return (see page 12).
	·					l	
76	Total payments (add lines 63 through 75)	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	76	9726 00
You	ir refund, amount you owe, and account informa	tion (see pag	ies 31 t	hrough 33)	•		1
77	Amount overpaid (if line 76 is more than line 62, s	subtract line 62	2 from l	ine 76)		77	358 00
70	Amount of line 77 to be refunded						·
70		: (fill in line 83) - or -	debit card	or - paper check	78	35800
70	Amount of line 77 that you want applied to your				· .		
10	2016 estimated tax (see instructions)		79		00		e page 31 for information out your three refund choices.
	·		L				out your three retund choices. e page 32 for payment
80	Amount you owe (if line 76 is less than line 62, sub						tions.
	funds withdrawal, mark an X in the box				ou pay by check	Γ	
	or money order you must complete Form IT-201-		vith you	ır return		80	00
81	Estimated tax penalty (include this amount in line 80	4				ı Se	e page 35 for the proper
	reduce the overpayment on line 77; see page 32)	1	$\overline{}$	· · · ·	00	ass	sembly of your return.
	Other penalties and interest (see page 32)		82		00	ļ	
	Account information for direct deposit or electronic f						(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	If the funds for your payment (or refund) would com-	e from (or go t	o) an a	ccount out	side the U.S., mark an	X in i	this box (see pg. 33)
_					· 🗆		
	3a Account type: X Personal checking - or	Pers	ional sa	avings - o	r - Business ch	eckin	g - or - Business savings
_	OL Deuting much as	1 02	Α Λοο	ount numb	or -		
2	Sb Routing number	. 03	ic Acci	ount numb	EI		
ял	Electronic funds withdrawal (see page 33)	Date			Amour	., [00
0.7	Electionic fariation with a fariable for page 100/1	Date [Airiodi	· L	00
	Third-party Print designee's name			Desig	nee's phone number	•	Personal identification number
des	ignee?(see instr.)						(PIN)
Yes	X No E-mail:						
	aid preparer must complete ▼ Preparer's NYTPRIN						
	ee instructions)	NY exc	IPRIN Loode	0 3	▼ Taxp	ayer(s) must sign here ▼
Prepa	rer's signature Preparer's printe	ed name			Your signature		
Firm's	name (or yours, If self-employed)	Preparer's PTIN	of SSN		Your occupation		
	L, BECKER, & CHIARAMONTE, CPAS, P				US HOUSE OF		
Addre	ss	Employer identific	alion nun	nber	Spouse's signature and occ	upation	n (if joint return)
		Date			Date		Daytime phone number
E-mai					E-mail:		

See instructions for where to mail your return.





Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

Do not detach or separate the W	-2 Records below. File Form IT-2 as an entire page with your return. See instructions.	
W-2 Record 1	•	
Box a Employee's social security number for this W-2 Record	Box c Employer's name and full address (including ZIP code)	
	HOUSE OF REP-MEMBERS SERVICES	
Box b Employer identification number (EIN)	139A CANNON HOUSE OFFICE BLD WASHINGTON DC 2051	5
Box 1 Wages, tips, other compensation	Box 12a Amount Code Box 14a Amount	Description
149736 00	7927 00 D	,
Box 8 Allocated tips	Box 12b Amount Code Box 14b Amount	Description
[3483 0d D D O	
Box 10 Dependent care benefits	Box 12c Amount Code Box 14c Amount	Description
00	Box 12d Amount Code Box 14d Amount	Danadation
Box 11 Nonqualified plans 00	Box 12d Amount Code Box 14d Amount 00	Description
	109	
Box 13 Statutory employee Ref	irement plan X Third-party sick pay	Corrected (W-2c)
NY State information: Box 15a	Box 16a NYS wages, tips, etc. Box 17a NYS income tax withheld	_
NY State information: Box 15a NY State	N Y	
Other state information: Box 15b	Box 16b Olher state wages, tips, etc. Box 17b Other state income tax withheld	•
other state		
NYC and Yonkers Bo	x 18 Local wages, tips, etc Box 19 Local income tax withheld	Box 20 Locality name
nformation (see instr.): Locality a	00 Locality a 00 Locality a	
Locality b	00 Locality b 00 Locality b	
·		
	Do not detach.	·
W-2 Record 2		
Box a Employee's social security number for this W-2 Record	Box c Employer's name and full address (including ZIP code)	*****
Box b Employer identification number (EIN)	┘ -	
Box 1 Wages, tips, other compensation	Box 12a Amount Code Box 14a Amount	Description
00	00 [00	
Box 8 Allocated tips		Description
00	00 00	
Box 10 Dependent care benefits		Description
O 0 O O O O O O O O O O O O O O O O O O	Box 12d Amount Code Box 14d Amount [Description
0.0		2000 pilot
100		
Box 13 Statutory employee 🔲 Reti	rement plan Third-party sick pay	Corrected (W-2c)
NY State information: Box 15a	Box 16a NYS wages, tips, etc. Box 17a NYS income tax withheld	
NY State	N Y 00 00	
Other state information: Box 15b	Box 16b Other state wages, tips, etc. Box 17b Other state income tax withheld	
other state		
NYC and Yonkers Box	18 Local wages, tips, etc Box 19 Local income tax withheld B	Box 20 Locality name
nformation (see instr.): Locality a	00 Locality a 00 Locality a	,
·	. 00 Locality b 00 Locality b	
Locality b	[OO] Locality b [





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